PHONE: 724.258.9024

PHONE:

Make Checks Payable: City of Monongahela

Signature

CITY OF MONONGAHELA

Office of Income Tax Commissioner 449 West Main Street Monongahela, PA 15063 HOURS: Monday- Friday 9:00 AM-12:00 PM 1:00 PM- 4:00 PM

2010

EMPLOYERS LOCAL SERVICE TAX QUARTERLY RETURN

3rd Quarter Ends 09/30- Due10/31

Employer's Name and Address Contact Name and Phone Number		1) Number of Employees Reported this quarter 2) Tax Withheld Line 1 x \$5.00 3) Penalty & Interest 1% per month on late payments 4) Total Remitted Line 2 + Line 3	
	EMPLOYER'S FED	DERAL EIN	
Employee Social-			
Security Number		Employee Last Name, First Name and Address	Tax Withheld
I hereby certify that this return	has been examined by me and the information her	rein is true, correct and complete.	

Date